

ADD JOINT OWNER FORM

- This form is used to add a member (Joint Owner) to your existing account with LFCU.
- Both the Primary Owner and the Joint Owner must sign below.
- Each person will be required to submit copy of a legal identification such as a valid DL, Passport or military ID.

Member/Account # _____

Primary Owner

| | | | | | |
|------------------|--|---------------|--------------|----------------------------|----------|
| Last Name | | First Name | | Middle Name or Initial | |
| Social Security# | | Date of Birth | | Driver's License # & State | |
| | | | | Expiration Date | |
| Home Address | | | City | State | Zip Code |
| E-mail address | | | Cell Phone # | Home Phone # | |

Current Joint Owner (if applicable)

| | | | | | | | |
|------------------|--|---------------|--------------|----------------------------|----------|-------------------------------|--|
| Last Name | | First Name | | Middle Name or Initial | | Relationship to Primary Owner | |
| Social Security# | | Date of Birth | | Driver's License # & State | | Expiration Date | |
| | | | | | | | |
| Home Address | | | City | State | Zip Code | | |
| E-mail address | | | Cell Phone # | Home Phone # | | | |

New Joint Owner

| | | | | | | | |
|------------------|--|---------------|--------------|----------------------------|----------|-------------------------------|--|
| Last Name | | First Name | | Middle Name or Initial | | Relationship to Primary Owner | |
| Social Security# | | Date of Birth | | Driver's License # & State | | Expiration Date | |
| | | | | | | | |
| Home Address | | | City | State | Zip Code | | |
| E-mail address | | | Cell Phone # | Home Phone # | | | |

Please check all the accounts you would like to have the Joint Owner added to:

- Stewardship Savings Suffix Number(s) _____ Freedom Checking Suffix Number(s) _____ Essential Growth Checking Suffix Number(s) _____
- Whatever Savings Suffix Number(s) _____ RCW Checking Suffix Number(s) _____ Certificate Suffix Number(s) _____
- Shepherd Savings Suffix Number(s) _____ Founders Checking Suffix Number (s) _____

By signing this form we understand that all owners on the account(s) have equal ownership rights.

Primary Owner Name _____ Signature X _____ Date _____

Current Joint Owner Name _____ SignatureX _____ Date _____

New Joint Owner Name _____ SignaureX _____ Date _____

Once completed, please email it to: Operations@Lutheranfcu.org or fax it to: (314) 394-2799.

If additional joint owners are to be added, please print, complete, and submit a second form.